

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF LAW

**A-901**

**ANNUAL UPDATE FOR THE YEAR 2003  
SECOND LEVEL  
BUSINESS CONCERN DISCLOSURE STATEMENT**

**Instructions:** Please review your records and check with your directors, officers, owners, partners, and key employees, to identify changes of information from your previously filed disclosure statement. If there are no changes, you may so indicate in your answers, except that even if there are no changes in the Summary of Principals, the Summary must be completed in full.

**Definitions:** The term "applicant" as used in this Second-Level Business Concern Update form, includes licensees and permittees.

The term "Second-Level Company" as used in this Second-Level Business Concern Update form refers to the second level business concern filing this form.

**Second Level Company Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**FEID #:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Information about Applicant Holding or Applying for NJDEP Solid or Hazardous Waste License:**

**Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**ATTORNEY AND ACCOUNTANT:** State the name, address and telephone number of the second-level company's attorney and accountant:

**Attorney:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone#:** \_\_\_\_\_

**Accountant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**CIVIL VIOLATION HISTORY SINCE LAST A-901 FILING**

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the second-level company identified in question 1 and to any predecessor firm.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the disposal, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste and hazardous waste; and any other statutes and regulations relating to air and water pollution, discharge of hazardous substances, transportation of hazardous materials and control of pesticides or toxic substances. It includes regulations of the N.J. DEP, N.J. DOT, U.S. EPA, and the U.S. DEPARTMENT OF TRANSPORTATION.

**VIOLATION NOTICES: (Include Federal, State, Municipal and Foreign Countries)**

<b>(NAME OF ENTITY CITED)</b>	<b>(DATE ISSUED)</b>	
<b>(ADDRESS OF VIOLATION)</b>		
<b>(ALLEGED VIOLATION)</b>	<b>(TYPE OF NOTICE)</b>	
<b>(DISPOSITION AND EXPLANATION)</b>		
<b>(ISSUING AGENCY)</b>	<b>(DOCKET #)</b>	<b>(PENALTY ASSESSED)</b>

**CRIMINAL CHARGES AND CONVICTIONS SINCE LAST A-901 FILING**

List all indictments, accusations, summonses, complaints and information against the second-level company or any owner (other than a person holding less than 5% of the equity of the second level company if the second level company is a publicly traded company), partner, director, officer, or key employee of the second level company for any crime or felony not previously disclosed. List all accusations, summonses, complaints, and informations filed against the second level company, or any owner (other than a person holding less than 5% of the

equity of the second level company if the second level company is a publicly traded company), partner, director, officer, or key employee of the second level company, for any misdemeanor, disorderly persons offense, or criminal violation not previously disclosed.

**NOTE:** You need not list convictions for minor traffic offenses. Violations of N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., Death by Auto, Vehicular Homicide, or comparable motor vehicle offenses in jurisdictions other than New Jersey must be listed.

List convictions first. Use additional copies of this page if necessary:

Name of entity charged/convicted: \_\_\_\_\_

Description of Crime/offense charged: \_\_\_\_\_

\_\_\_\_\_

Indictment/other charging instrument #: \_\_\_\_\_

Date Charged: \_\_\_\_\_

Jurisdiction where charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

Name of entity charged/convicted: \_\_\_\_\_

Description of Crime/offense charged: \_\_\_\_\_

\_\_\_\_\_

Indictment/other charging instrument #: \_\_\_\_\_

Date Charged: \_\_\_\_\_

Jurisdiction where charged: \_\_\_\_\_

Disposition: \_\_\_\_\_



**OFFICERS**

(If listing more than 3 Officers, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, at (609) 292-6019 or 292-6018 first.)

<u>Name</u>	<u>TITLE</u>	<u>DOB</u>	<u>SS#</u>	<u>Date Appointed to Position</u>
-------------	--------------	------------	------------	-----------------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PARTNERS**

<u>Name</u>	<u>DOB</u>	<u>SS#</u>
-------------	------------	------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

**OWNERS**

(If publicly traded, do not list holders of less than 5% of Second Level Company's equity)

<u>Name</u>	<u>DOB</u>	<u>SS#</u>
-------------	------------	------------

_____	_____	_____
-	_____	_____
_____	_____	_____
-	_____	_____
_____	_____	_____
-	_____	_____

**KEY EMPLOYEES**

(If listing more than 2 key employees, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, at (609) 292-6019 or 292-6018 first.)

Name                      Title                                      DOB                                      SS#

\_\_\_\_\_

-

\_\_\_\_\_

-

**DEBT HOLDERS**

Name                                      DOB                                      SS#

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELEASE AUTHORIZATION**

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities (including the I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of \_\_\_\_\_  
(name of Second Level Business Concern)

I, \_\_\_\_\_, have authorized the Attorney General of New Jersey to conduct an investigation into the background of the said enterprise for the purpose of determining the suitability of the above-named enterprise to hold equity in a solid waste or hazardous waste licensee, as provided under N.J.S.A. 13:1E-126 et seq.

Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General of New Jersey.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Dated: \_\_\_\_\_  
Signature \_\_\_\_\_  
Type or print title/position \_\_\_\_\_

State of New Jersey            )  
  )  
County of \_\_\_\_\_)

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_  
(Name)

came before me in person and stated to my satisfaction that he/she:

- (A) made the attached instrument; and
- (B) was authorized to and did execute this instrument on behalf of and as \_\_\_\_\_  
(Office)

of \_\_\_\_\_, the entity named in this instrument.  
(Name of entity)

\_\_\_\_\_  
(Notary public)  
(Seal)

**SECOND LEVEL BUSINESS CONCERN DISCLOSURE UPDATE CERTIFICATION**

This Second Level Business Concern Disclosure Update must be signed and certified below by a responsible official of the Second Level Business Concern. Use additional copies of this page, as necessary.

I, \_\_\_\_\_, hereby

certify that I have read, in its entirety, the attached Second Level Business Concern Disclosure Update as well as the instructional material provided with this document, and that it is true to the best of my knowledge. I further certify that I have caused a diligent effort to be made by the employees and agents of the Second Level Business Concern to honestly and thoroughly respond to the inquiries in this Second Level Business Concern Disclosure Update and that I have ensured that the information provided on this Second Level Business Concern Disclosure Update form is verified. I further understand that fraudulent, deceptive, misleading or negligent answers may result in the denial or revocation of the Applicant's license. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Type or print title/position

State of New Jersey )

County of \_\_\_\_\_ )

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_  
(Name)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as \_\_\_\_\_  
(Office)

of \_\_\_\_\_, the entity named in this instrument.  
(Name of entity)

\_\_\_\_\_  
(Notary public)

(Seal)

If form was prepared by a person other than the individual or individuals signing this certification (e.g., an attorney, accountant, etc.), indicate that person's name, address and telephone number and relationship to the Second Level Business Concern Update:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/position: \_\_\_\_\_



## SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the  
Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 362552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection and the New Jersey Division of Law are authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A. 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure.

F:\A901\2003\2DLEVUP3.WPD